
Section 2. How we change for 2008

Do not rely only on these change descriptions; this Section is not an official statement of benefits. For that, go to Section 5 Benefits. Also, we edited and clarified language throughout the brochure; any language change not shown here is a clarification that does not change benefits.

Changes to this Plan

- United States Postal Service non-law enforcement career employees may now be covered either by Postal Category 1 or Postal Category 2 premium rates. See page 82.

Changes to High Option Only

- Your share of the non-Postal premium will increase for Self Only and increase for Self and Family. See page 82.
- Under “Preventive care, children,” there no longer will be a copay for Primary Care Physician (PCP) visits for well-child care for routine examinations, immunizations and care for children through age 17; however, the copay for PCP visits for this care for children ages 18 to 22 will remain at \$15 per visit. See page 23.
- Under “Prescription drug benefits,” we have decreased the copay to \$5 for Generic drugs for up to a 30-day supply per prescription or refill, and to \$10 for a 31-day up to a 90-day supply per prescription or refill, whether obtained at a Retail Pharmacy or from the Mail Order Pharmacy. See page 49.

Changes to Basic Option only

- Your share of the non-Postal premium will increase for Self Only and increase for Self and Family. See page 82.
- Under “Preventive care, children,” there no longer will be a copay for Primary Care Physician (PCP) visits for well-child care for routine examinations, immunizations and care for children through age 17; however, the copay for PCP visits for this care for children ages 18 to 22 will remain at \$20 per visit. See page 23.
- Under “Inpatient hospital benefits,” you now will pay 10% of our Plan allowance per admission. See page 40.
- Under “Outpatient hospital or ambulatory surgical center,” you now will pay 10% of our Plan allowance per visit. See page 41.
- The “Catastrophic protection out-of-pocket maximum” has been increased to \$4,000 for Self Only, and to \$8,000 for Self and Family. See page 15.

Changes to both High and Basic Options

- Under “Diagnostic and treatment services,” we have decreased the copayment to \$50 per visit for the professional services of physicians in an urgent care center. See page 20.
- “Home health services,” now are subject to a member coinsurance of 20% of our Plan allowance. See page 30.
- Under “Emergency services/accidents,” the copay will be reduced to \$50 per visit for emergency care received at an urgent care center, whether within or outside the service area. See page 44.
- Under “Prescription drug benefits,” we have increased the copay to \$50 for Non-formulary drugs (Generic or Brand) for up to a 30-day supply per prescription or refill, and to \$100 for a 31-day up to a 90-day supply per prescription or refill, whether obtained at a Retail Pharmacy or from the Mail Order Pharmacy. See page 49.